



**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/766,693
Filing Date	January 28, 2004
First Named Inventor	Robert C. Huber
Title METHOD FOR REDUCING ADVERSE EFFECTS OF A DISASTER OR OTHER SIMILAR EVENT UPON THE CONTINUITY OF A BUSINESS	
Art Unit	
Examiner Name	
Attorney Docket Number	59972-299122

I hereby appoint:

☒ Practitioners associated
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Number:

25764

as my/our attorney(s) or agent(s) to prosecute the application above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	7-19-04
Name	Robert C. Huber	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.

SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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